

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5	4					
6	4					
7	①					
8	1					
9	①					
10	1					
11	1					
12	1					
13	1					
14	①					
15						
16	1					
17	①		1			
18	1		1			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	2	2	1	1		
TOTAL CLAIMS	3	1	1	0		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS